

and with that increases his or her survival. Other symptoms of depression, such as a decrease in activity and refusal to eat could then also be seen as a way to preserve energy while waiting for the rescue. Even conduct disorder of the type leading to an adult Antisocial Personality Disorder (ASP) could potentially be useful in a developmental period where strong and aggressive men were needed to protect early agricultural settlements. This may also apply to the tendency of antisocial men to have more children than the average yet refuse to care for them. The authors of this chapter (Kruesi and Schowalter) call this “an alternative reproductive adaptation” that is based on having many children early, even by raping women, since the life expectancy of these individuals is statistically short because of the associated behavioural recklessness and violence. It is of interest that the right temporal lobe and the prefrontal volume is smaller in youngsters with severe Conduct Disorder, providing a biological marker for this disorder.

It should be stressed that the authors make no claims for the validity of their evolutionary understanding of at least some present day psychiatric disorder. They stress that other aspects of behaviour – such as the relationship of the child with members of the family – are equally important variables to factor in when thinking about DSM-V.

There are obviously a good number of issues that challenge this overall approach to diagnosis. For example, ADHD children show “aimless activity” which may not have been optimal for systematically finding scarce resources in the past. There is also the impact of our present day social environment on the actual amount and interpretation of aggressive behaviours – as demonstrated by the profound difference in the percentage of incarcerated members of the population even in developed countries. Yet the book provides the reader with a novel and well referenced way to look at the complexities associated with diagnosing and treating children with disturbed and disturbing behaviours.

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Psychodermatology: The Psychological Impact of Skin Disorders

*Walker, C. & Papadopoulos, L. (Editors).
Cambridge University Press: New York, 2005,
158 pp., US \$55.00.*

This book is focused on the psychological aspects of skin conditions. Although it is an edited book with contributions from several writers — nine in all — this focus is maintained throughout.

Most clinicians would expect some degree of psychological distress co-existing with the skin conditions; however, this book is beyond that basic understanding. Editors have put the extant psycho-neuro-immune knowledge regarding skin disorders under the auspices of “psychodermatology”.

The ten chapters of this volume review different psychological aspects of skin conditions. Chapter one is written by one of the editors, Carl Walker, who is a health psychologist well published in the psychological and social aspects of skin conditions. Readers are introduced to the historical aspects of links between skin disorders and their emotional impact on individuals.

In the second chapter, readers once again are invited to explore links between the diseases of the skin and neuroimmunology. There is a concise description of neuro immunological pathways in common skin conditions such as atopic eczema, inflammatory skin conditions, and psoriasis.

The following three chapters describe psychiatric comorbidity in dermatological disorders. The commonest psychiatric distress encountered in the field of dermatology is depressive illness. Other psychiatric disorders described include obsessive compulsive disorder, onychophagia, and neurotic excoriations.

A dearth of longitudinal and prospective studies with methodological vigor has seriously limited our ability to draw conclusions from reported stigma by patients with skin disorders. Patients with vitiligo often report more stigmatization than other disorders. This element of perception of stigma with skin disorders is well explained in chapter four and well illustrated with the help of many subjective reflections from patients. There is a sense of sadness permeating through this chapter, but a

strong message is conveyed that important research endeavor in psychodermatology should focus on the reduction of stigma.

Chapter five has lots of information on coping mechanisms involved in people living with "skin condition". This chapter advocates another important point. The authors emphasize that the term "skin condition" is more appropriate than the term "skin disorders". There is an important discussion regarding how couples cope with skin conditions when one of the partners is affected. Authors point out that relational factors are important determinants of successful interventions for persons with skin conditions.

The interacting factors that influence an individual's coping styles include early experiences and cultural stereotypes regarding skin conditions. Emotions and distress around a particular diagnosis also affects coping strategies. Furthermore, a person's social relationships can be influenced by rejecting or accepting skin conditions. In the midst of a quite dense description of coping mechanisms, I suddenly found an interesting account of an affected person's personality characteristics and core beliefs. Higher levels of insecure avoidant attachment styles as well as shame proneness are seen as vulnerability factors. I learned two new concepts here. One, how a relationship focused on coping can be promoted as an intervention, and the second concept of "dermatological shame." This specific form of shame is described where focus is on the appearance of the skin. Other cognitive factors elaborated in this chapter are that of alexithymia and illness preparation.

Child psychiatrists would value the next chapter titled "The Impact of Skin Disease on Children and Their Families." Skin conditions are common in childhood and we all know about young teens and preteens going through agony due to temporary skin problems such as acne formation.

Atopic dermatitis affects 20% of young children. The impact of skin conditions in childhood is not a straightforward derivation. The impact likely will be dependent upon the child's age and level of dependence on their caregivers. For young children, the impact will be moderated by the caregiver's acceptance/rejection of the child's skin condition. There

was a convincing description of how the mother-child relationship affected the child's skin condition. However, the empirical evidence is sadly lacking in this area. Most of the observational studies have focused on mother-child relationships. One single important finding from this observational research is that there are not always difficulties in mother-child relationships; however, affected mother-child dyads need sympathetic understanding without mother blaming.

The other vulnerable period in childhood is adolescence where the psychological impact of skin conditions can be multiplied. Understanding of these developmental factors is important for the application of psychological interventions in dermatological disorders. However, the fact remains that there are very few dermatology services that could have a liaison service with a mental health professional. Moreover, both the dermatological condition and the psychological referral might evoke passive resistance and issues with the child's self-esteem.

One of the co-editors, Linda Papadopoulos, wrote the next chapter on psychological therapies for dermatological problems. This chapter is very relevant to our practice. There was an adequate description of the different types of therapy (behavior, cognitive-behaviour, group, and psychodynamic psychotherapy) as applied to skin conditions. I only wished there were clinical examples with each of the approaches mentioned. In addition, there is a brief discussion on the levels of counseling that will be helpful to children with skin conditions.

Chapter nine focuses on the research methodology involved in measurement of the quality of life (QOL) assessment. Of particular importance is QOL research in dermatology. There are many questionnaires that have been developed in the past twenty years, but there are several research challenges in this field including validation of techniques. Authors also express challenges in using the QOL in special populations such as children, adolescents and the elderly.

Finally, the most important chapter in this book describes psychodermatology in its context. This chapter synthesizes multiple approaches and dissects the psychology of the patient with skin condition. There is a brief dis-

cussion about personal beliefs and stigma regarding skin diseases and identity difficulties.

Overall, this book will give readers a multifaceted description of psychological conditions affecting patients with skin conditions and approaches to measuring their quality of life. It briefly touches on the psychological therapies for skin conditions.

I liked some chapters and found the book

to be more interesting when clinical excerpts were provided. In sum, this book is neither written with an exclusive clinical focus nor is it a comprehensive research review. It is useful in providing the very basic concepts of psychodermatology. My rating is 5/10.

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Full Time Clinical Academic Child and Adolescent Psychiatrist Inpatient Program

London Health Sciences Centre (LHSC) and The University of Western Ontario (UWO), Schulich School of Medicine and Dentistry, Division of Child and Adolescent Psychiatry, have an excellent opportunity for a full time clinical academic Child and Adolescent Psychiatrist in the Inpatient Unit of the Child and Adolescent Mental Health Care Program at LHSC. The Division of Child and Adolescent Psychiatry at the Schulich School of Medicine and Dentistry, UWO, is an expanding and stimulating environment. London, Ontario, Canada is a city of over 330,000 people and is located two hours from Detroit, Buffalo, and Toronto.

The successful candidate will provide Physician Leadership for the Inpatient Unit and be the attending physician for the eleven inpatient beds. He/she will also provide in-hospital consultation-liaison services for mental health children and youth 15 years and under. The recruited candidate would be involved with clinical service, education, and research.

Candidates must hold an MD, or equivalent, and be eligible for a licensure in the Province of Ontario with certification in Psychiatry from the Royal College of Physicians and Surgeons of Canada, or equivalent. Rank and contract status will be determined by experience and qualifications at the time of appointment.

Interested applicants should send a letter of intent, describing their qualifications and interests, and accompanying curriculum vitae, along with the names of three references to be contacted, to:

Margaret Steele, MD, FRCP(C)
Chair, Division of Child and Adolescent Psychiatry
Schulich School of Medicine and Dentistry
The University of Western Ontario
Physician Lead, Child and Adolescent Mental Health Care Program
London Health Sciences Centre, South Street Hospital
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